

**Registration for**  
***CDC Meeting on Perinatal HIV Prevention for***  
***State Prevention Grantees***  
**At**  
**Crowne Plaza Ravinia**  
**Perimeter, Atlanta, GA**

**Main Meeting of State Grantees: February 13-14, 2002**  
**Pre-Meeting of National Health Organizations: Feb 12, 2002**  
**Post-Meeting of Enhanced Surveillance: February 15, 2002**

**Please fill out 1 form per attendee**

Name (please include professional titles and educational degrees):

Organization or business you are representing (please spell out - do not abbreviate):

Address:

Phone #:

Fax #:

E-mail:

Dates of attendance at meeting:

**PLEASE FILL OUT THIS FORM COMPLETELY AND SEND BACK BY FEBRUARY 1**  
**TO LAURA COKER AT EITHER [LCOKER@CDC.GOV](mailto:LCOKER@CDC.GOV) OR FAX TO 404-639-0944.**  
**We need this information to generate nametags, table tents, and the participants' list.**

**Thank you for your time and attention.**